

Request for Certification of South Carolina Residency for SREB Contract Program

The **SREB Regional Contract Program** is a cooperative tuition-reduction agreement. Each professional school pledges to admit a specific number of qualified students from other states. Students apply for admission and are responsible for tuition at public institutions, but they are not asked to pay an out-of-state fee. Students have their tuition reduced at private institutions. A student must apply directly to the institution, of their choice, for admission and may not be admitted as a contract student without certification of South Carolina residency. The institution makes the final decision regarding admission.

General Instructions

1. Apply for residency certification **prior** to seeking admission to a specific program.
2. Annual re-certification is **not** required as long as the student is continuously enrolled.
3. Student must have been a South Carolina resident during the past two years. A cover letter may be added if the student desires to provide additional information regarding his/her residency status.
4. This form must be signed and notarized and returned to the address below.

South Carolina Commission on Higher Education
SREB Contract Programs
1122 Lady Street, Suite 300
Columbia, SC 29201
803-737-2260

1. Name: _____
(Last) (First) (Middle)

2. Social Security Number (last four): XXX-XX-_____

3. Please select the out-of-state institution you may be attending during the period for which out-of-state assistance is requested: (check all that apply)

| | |
|---------------------------------|--|
| _____ Tuskegee University | _____ Southern College of Optometry |
| _____ University of Georgia | _____ University of Alabama - Birmingham |
| _____ Mississippi State College | _____ North Carolina School of the Arts |

4. Degree and Title of Program: _____

5. Projected start date: _____ Projected date of graduation: _____
(mm/yy) (mm/yy)

6. Permanent Home Address: _____
Street address (PO Box not acceptable) (City) (State) (Zip)

Telephone: (H) _____ (C) _____ Email: _____

7. Place of Birth: _____ Date of Birth: _____
(City) (State) (mm/dd/yyyy)

8. Were you claimed as a dependent by your parent(s), guardian(s), or spouse on their most recent federal income tax return? _____ If no, please skip to Question #12.

9. Name of parent(s), guardian(s), or spouse: _____

10. Address of parent(s), guardian(s), or spouse: _____
Street address (PO Box not acceptable)
(City) (State) (Zip) Telephone: () _____

11. Have parent(s), guardian(s), or spouse lived at the above address for all of the past two years? _____
If no, please give previous address and date of move.

(City) (State) (Zip) Date: _____
(mm/dd/yyyy)

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12. Did you move to the address in question #6 during the past two years? _____

If yes, please give previous address and date of move to present address.

Street address (PO Box not acceptable) (City) (State) (Zip) Date: _____
(mm/dd/yyyy)

13. Name & location of high school you graduated from:

Name of school (City) (State) (Zip) Graduation date

14. Institutions attended after high school:

(Institution) City/State From (yyyy) To (yyyy) Degree Residency state

(Institution) City/State From (yyyy) To (yyyy) Degree Residency state

15. Are you registered to vote? _____ *If yes, in what state?* _____

16. Are you licensed to drive? _____ *If yes, in what state?* _____

17. Do you have a vehicle registered in your name? _____ *If yes, in what state is it registered?* _____

18. Have you served on a jury? _____ *If yes, in what state?* _____

19. Have you ever been gainfully employed in South Carolina? _____

If yes, please provide information below for your three most recent jobs:

| Employer | City | Position | From (mm/yy) | To (mm/yy) | P/T or F/T |
|----------|-------|----------|--------------|------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

20. If you answered "yes" to question #8, provide employment information for parent(s), guardian(s), or spouse.

| Employer | City | Position | From (mm/yy) | To (mm/yy) | P/T or F/T |
|----------|-------|----------|--------------|------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

21. Are you a United States citizen: _____ *If no, what is your VISA classification?* _____

I hereby swear (or affirm) that all entries on this form are accurate.

Signature of applicant (in presence of notary)

Sworn to (or affirmed) before me this _____ day of _____, 20_____

Signature: _____

My commission expires: _____